



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guáhan

In compliance with the provisions of Title 14, Guam Code Annotated, Uniform Consumer Code, Section 6204, we are enclosing the “**Annual Notice of Intent to do Business**” form which is required to be completed and returned to our office on or before June 30th of every year.

The annual basic fee for regulated institutions is **\$20.00, plus \$20.00 for each \$100,000.00 or part thereof in excess of \$100,000.00 of the original unpaid balances** arising from consumer sales, consumer leases and consumer loans made in Guam during the period of **June 01, _____ through May 31, _____** and held for more **than thirty (30) days** be either the sellers, lessors, lenders, as directed by the Guam Code Annotated, Title 14, Uniform Consumer Code, Section 6204.

The fee is payable on or before June 30th of each year. We request that your payment be made payable to the **Treasurer of Guam.** The **Annual Notice of Intent to do Business** form together with the fee maybe be submitted to:

**Insurance, Securities, Banking and Real Estate Section
Regulatory Division, Dept of Revenue and Taxation
1240 Army Drive, Route 16, Barrigada, Guam 96913**

No business license will be issued to your organization until this filing is made and all fees have been paid. Please be sure that all questions are answered and the certification at the bottom of the form has been properly completed. Should you have any questions, please contact our office at 671 635-1845, 1846, 7699, 7688, 7664 or 1833.

Enclosure

Apsc/062422

**GUAM
OFFICE OF THE ADMINISTRATOR
OF CONSUMER CREDIT CODE
TIYAN, BARRIGADA, GUAM**

ANNUAL NOTICE OF INTENT TO DO BUSINESS

(Individuals and Business Engaged in Making Consumer Credit Sales, Lease and/of Loans in Guam).

1. Name: _____
(Seller/Lessor/Lender)
 2. Name in which business is transacted _____
 3. Address of Principal office: _____
(This may be outside of Guam) (St. No.) (City) (State)
 4. Mailing Address: _____
(St. No.) (City) (State)
 5. Address of all offices or places of business in Guam:

 6. Current financial statements must be provided. Statement enclosed () Yes () No
 7. Type of business conducted _____
 8. If consumer credit sales, consumer leases or consumer loans are made, specify as to how and when they are made: // At office or store // By mail // Home Solicitation // Other Specify: _____
 9. If the above is other than at an office or retail store give a brief description of the manner in which they are made:

 10. Name and Address (In Guam) of designated agent upon whom service of process may be made: _____
 11. Do you make direct loans? _____ If so, does the loan finance charge exceed the annual percentage rate of 24% _____.
 12. Do you make sales or consumer loans pursuant to a "Revolving Charge of Loan Account"? _____
 13. As a seller, lessor lender, give below a total of the original unpaid balances arising from consumer credit sales/leases/loans made in Guam within the preceding fiscal year held for more than 30 days after inception of the sale, lease or loan giving rise to the obligations. (Refinancing of a sale, lease or loan resulting in an increase in the amount of an obligation is considered a new sale, lease or loan to the extent of the amount of the increase).
- | | |
|--|-----------------|
| Unpaid balances from Consumer Credit Sales | \$ _____ |
| Unpaid balances from Consumer Leases: | \$ _____ |
| Unpaid balances from Consumer Loans: | \$ _____ |
| TOTAL | \$ _____ |

CERTIFICATION

I hereby certify that the statements in the foregoing report are true and correct to the best of my knowledge and belief.

Dated: _____ this _____ day of _____, 200__.

(Authorized Signature) (Title)

Return to Department of Revenue & Taxation, P.O. Box 23607, GMF 96921